

2004/2005 CARE Act Data Report Crosswalk

Section	Part	Item # in 2004	Item # in 2005	2005 Item	Description of Change
Section 1	1.1	1	1	Provider name	
		2	2	Provider address	
		3	3	Contact information	
		4	4	Person completing this form	Addition of item "c" requests an e-mail address.
	1.2	5	5	Reporting period	
		6	6	Reporting scope	
		7	7	Provider type	
		8	7b	Section 330 of PHSA funding	(now listed as part "b" under item 7)
		9	8b	Type of ownership status	(now listed as part "b" under item 8) Question distinguishes between private and nonprofit organizations that are faith-based and those that are not faith-based.
			9	Minority AIDS Initiative (MAI)	A new question asks whether an organization received MAI funds during the reporting period.
		10	10	Source of funding	Additional line added, allowing up to 3 grantees to be listed.
		11	16	Breakdown of support	
		12	17a	ADAP or other APA program	
		13	17b	Type of pharmaceutical program	(now listed as part "b" under item 17) Previously, if the two listed services were the only services provided, providers were instructed to skip to Section 7. The 2005 version instructs them to "STOP HERE."
		14	18	Health Insurance Program (HIP) assistance	Agencies are not to include health insurance funded under ADAP as a part of HIP. Also, there is an additional check box for those who provided "other" services with CARE Act funding during the reporting period.
	15	19		Target population	
	16	20		Minority group membership of agency	
	17	21		Total paid staff	
	18	22		Total volunteer staff	
	19	11		Title I funding	(items 19-23 of the 2004 version are now listed as items 11-15 in the 2005 version)
	20	12		Title II funding	
	21	13		Title III funding	
	22	14		Title IV funding	
	23	15		Oral health care expenditures	Requires all providers to provide funding information in part "a" and indicate the amount of funding received from the MAI in the newly added part "b."
Section 2		Preface			Instructions expanded to include indeterminate clients
		24	23	Total number of unduplicated clients	Newly added indeterminate category
		25	24	Total number of new clients	Newly added indeterminate category

Section	Part	Item # in 2004	Item # in 2005	2005 Item	Description of Change
Section 3		26	25	Gender	
		27	26	Age	
		28, 29	27	Race/ ethnicity of clients	Race and ethnicity are now combined.
		30	28	Annual household income	
		31	29	Housing arrangement categories	
		32	30	Primary source of medical insurance	
		33	31	HIV/AIDS status	
		34	32	Vital/enrollment status categories	
				Preface	
Section 4		35	33	Service Information	Additional instructions directing only Title IV grantees to complete boxes a-i for affected clients.
				Preface	New instructions for counseling and testing.
		36	34	HIV counseling and testing services	
		37	35	Funding source for HIV counseling and testing services	
		38	36	HIV pretest counseling	
		39	37	HIV antibody testing	
		40	38	Positive antibody results	
		41	39	HIV posttest counseling	
		42	40	Did not return for HIV posttest counseling	
		43, 44	41	Partner notification	(combined to form one question with 2 parts) Indeterminate clients now included.
Section 5				Preface	
		45	42	Gender	
			43	Clients with visits to ambulatory medical care	A new question asks for the number of visits clients made for ambulatory medical care has been added.
		46	44	HIV exposure category	
Section 5 cont.			45	New clients	New questions ask for the number of clients receiving HIV medical services for the first time from the agency and, of these clients, the number who received CD4 Count and Viral Load tests.
			46	New clients receiving CD4 and viral load counts	
		47	47, 48	Screening/testing services	(separated into items 47 and 48) Item 47 includes 5 parts and asks for TB screening, testing, and treatment information. Item 48 includes questions about screening and testing for syphilis, STIs, and hepatitis C.
				AIDS-defining conditions	(removed and replaced with items 49 and 50)

Section	Part	Item # in 2004	Item # in 2005	2005 Item	Description of Change
		48	49, 50		Asks how many clients were newly diagnosed with AIDS and how many HIV positive clients died during the reporting period.
		49	51	Antiretroviral therapy type	
		50	52	Gynecological exam	
		51-55	53	Pregnant women	(combined to form a five part item 53) Item "e" (previously 55) now includes HIV-indeterminate and HIV-negative and the number of infants delivered and their HIV status.
			54	Quality management program	A new question asks for the type of quality management program used.
Section 6	6.1	Preface			Providers are now instructed to include all Title III EIS patients. Instructions added regarding unduplicated clients.
			55	Unduplicated patient count	Items 55-58 are new questions regarding unduplicated clients by HIV status, gender, age, and race/ethnicity items (including indeterminate clients).
			56	Gender	
			57	Age	
			58	Race/ethnicity	
		56, 57	59	Race/ethnicity and gender by age	(combined to form item 59) Items 56 and 57 in the 2004 form are combined to form a new item: race/ethnicity and gender by age.
		58	60	HIV exposure category and gender by race/ethnicity	
		57	59	Race/ethnicity and gender by age	Includes a row dedicated to Hispanic or Latino/a clients.
		58	60	HIV exposure category and gender by race/ethnicity	Includes a column dedicated to Hispanic or Latino/a clients.
		59	61	HIV exposure category and gender by age	
		60	62	Cost and revenue	
		61	63a	Early Intervention Services sites	
		62	63b	Number of EIS sites	
		63	64	Available services	
Section 6 cont.	6.1	64	65	Referral outside the EIS program	
		Preface			Includes reference to indeterminate clients. Also includes additional instructions regarding unduplicated client count.
			66	Unduplicated client count	Items 66-70 are new questions regarding unduplicated clients by HIV status, gender, age, and race/ethnicity items (including indeterminate clients).
	6.2		67	New clients	
			68	Gender	
			69	Age	
			70	Race/ethnicity	
		65	71	Gender and HIV status by age	(now item 71) Includes clients with an indeterminate status.

Section	Part	Item # in 2004	Item # in 2005	2005 Item	Description of Change
		66	72	Race/ethnicity and HIV status by age	(now item 72) With the combination of race and ethnicity, Hispanic or Latino/a clients are included in the same chart.
		67	73	Exposure category by age	

** APA Information (Section 7 in the 2004 CADR form) has been deleted in the 2005 CADR. Health Insurance Program Information (Section 8 in the 2004 CADR form) is now Section 7 in the 2005 CADR.

Section 7	1	74	Total number of unduplicated clients	
	2	75	Total number of new clients	
	3	76	Gender of clients	
	4	77	Age of clients	
	5, 6	78	Race/ ethnicity	(now item 78)
	7	79	Annual expenditures for HIP	
	8	80	Total expenditures	
	9	81	Annual HIP funding by CARE Act sources	
	10	82	Funding for HIP by other sources	